



Youth Enhancement Scholarship Program Guidelines

The Youth Enhancement Scholarship (Y.E.S.) Program's purpose is to raise funds for partial or full funding of program registration for youth that live in San Bruno. The San Bruno Recreation Services Department will review applications for the Y.E.S. Program and determine if the applicant meets federal and state income limits for assistance. All applications are kept confidential. The following guidelines must be observed:

1. Scholarships are restricted to San Bruno residents only. **Proof of residency** is required when you submit a Y.E.S. Program application.
2. Scholarships may be requested for any City of San Bruno Recreation Services Department program or activity that costs \$15 or more.
3. Any youth 17 years or younger will be eligible for the Y.E.S. Program.
4. Scholarship awards will be made in increments of 25%, 50%, 75% and 100% based income limits established at the federal and state level. Funds for the Y.E.S. Program are limited. Once funds allotted for the quarter are spent, no more application will be approved.
5. One scholarship at a time per child will be considered for approval.
6. Applications will be accepted for the quarter you wish to enroll your child, once the quarterly Activity Guide is available to the public for that quarter. Fall guides come out in August for the fall quarter, the Winter guides in November, Spring in February and Summer in April.
7. No more than \$200 per family, per quarter will be approved.
8. Please note that funding is limited and applications are accepted on a first come, first served basis.

Y.E.S. Scholarship Application and Registration Process

- 1) Submit a completed Y.E.S. Program Application along with proof of San Bruno Residency to:
San Bruno Recreation Services Department
567 El Camino Real
San Bruno, CA 94066
Att. Y.E.S. Manager
- 2) The application will be reviewed by the Y.E.S. Manager to determine eligibility for funds.
- 3) Applicants will be notified in writing regarding the status of their application. If approved the applicant will receive a Notification of Eligibility.
- 4) To register for the program you were approved for, send in the Notification of Eligibility form along with your registration form and any remaining balance owed. You will receive a confirmation once you are registered for the program. If the program is full you will be placed on a waiting list.



CITY OF SAN BRUNO RECREATION SERVICES DEPARTMENT

*Y.E.S.
YOUTH ENHANCEMENT SCHOLARSHIP Program Application*

Date of Application ____/____/____ Which Quarter are you applying for: ____Fall ____Winter ____Spring ____Summer

PARENT/ LEGAL GUARDIAN'S NAME

First _____ Last _____ MI _____

ADDRESS _____ City _____ Zip _____

PARENT / LEGAL GUARDIAN'S SOCIAL SECURITY NUMBER _____ - _____ - _____

TELEPHONE: HOME (____) _____ PARENT / GUARDIAN DAYTIME (____) _____

1 ST CHILD'S NAME

First _____ Last _____ MI _____

DATE OF BIRTH ____/____/____ CURRENT AGE _____ SEX: MALE ____ FEMALE ____

CHILD'S SCHOOL _____ GRADE _____

PROGRAM YOU WANT TO ENROLL YOUR CHILD: _____ COST \$ _____

2ND CHILD'S NAME

First _____ Last _____ MI _____

DATE OF BIRTH ____/____/____ CURRENT AGE _____ SEX: MALE ____ FEMALE ____

CHILD'S SCHOOL _____ GRADE _____

PROGRAM YOU WANT TO ENROLL YOUR CHILD: _____ COST \$ _____

FINANCIAL INFORMATION

IS PARENT/GUARDIAN: 62 OR OLDER? YES ____ NO ____ FEMALE HEAD OF HOUSEHOLD? YES ____ NO ____

HOW MANY PEOPLE LIVE IN CHILDS HOUSEHOLD? ADULTS ____ CHILDREN ____

WHAT IS TOTAL ANNUAL INCOME FOR THE HOUSEHOLD? \$ _____

REQUEST FOR SCHOLARSHIP FUNDS

DISCOUNT PERCENTAGE REQUESTED 25% ____ 50% ____ 75% ____ 100% ____

TOTAL AMOUNT OF PROGRAM COST \$ _____ X _____ % (SEE ABOVE) = \$ _____ REQUESTED ____

All information on this form is confidential and will be reviewed only by San Bruno Recreation Services Department staff.

CERTIFICATION OF HEAD OF HOUSEHOLD

This application is made with the knowledge that it will be relied upon to determine eligibility for assistance with the cost of San Bruno Recreation Department programs, courses, and activities, and I declare under penalty of perjury, that all information set forth herein is true, correct and complete. I further understand, that financial documentation may be requested by the City and insufficient documentation may result in forfeiture of Y.E.S. scholarship.

Signature, Head of Household _____ DATE _____

For Office Use Only

Reviewed By _____ Date _____ Approved @ _____ % x \$ _____ Program Cost = \$ _____ Scholarship
\$ _____ Total Funds to Date for ____ Child ____ Family Denied _____